

## **Pandemic Influenza Scenario for 12/14 Conference**

*December 12, 2005 FINAL Version*

### **Major Themes of Scenario:**

- Sudden spread of H5N1 from Asia throughout world
- Need for home isolation and home-based care
- Rationing of medical supplies and medications
- Political pressures on policy decisions
- Limitations of geographically-based quarantines
- Shortages of basic necessities
- Confidentiality barriers and flow of information
- Stress and mental health issues
- Economic and business community impact, vandalism
- Impact on medical institutions
- Impact on the poor; job insecurity
- Role change and scaleback
- Command and control – state and local
- Communication challenges and media needs
- Vaccine distribution
- Household and community self-reliance
- Need for basic shelter, food, and hygiene
- Need for connectivity
- Aftermath let-downs
- Community Resiliency

### **Order of Speakers:**

#### March 15, 2006

Augie Valenti  
Jay Bradshaw  
Augie  
Steve McCausland

#### March 18, 2006

Augie  
Leah Binder  
Joanne Potvin  
Steve

#### May 26, 2006

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Joanne  
Leah

#### March 15, 2007

Augie

## **MARCH 15, 2006**

*((POWER POINT will say: “March 15, 2006; Augie Valenti, MD; Maine Medical Center”))*

### **AUGIE VALENTI, MD**

My name is Dr. Augie Valenti. I am an infectious disease specialist at Maine Medical Center. *((in an exhausted voice))* It is the evening of March 15, 2006. The Ides of March. As the soothsayer said long ago, “The Ides of March has come, but it is not gone”. Yes, today lived up to its auspicious reputation.

I woke up at our quiet farmhouse, to be jolted by the news on CNN that Guandong Province in China is now admitting that over 1,000 people have died from H5N1 avian influenza, just in the past 2 days. Some are saying 1,000 is a gross underestimate – it could be a lot more. Reports from a recent western visitor tell of one hospital that was overflowing, with people lying on the street, waiting to get in, some looking like they were dying while waiting.

By late morning, I received 3 phone calls from people in the Portland area who recently returned from Guandong Province.

One is from Bob, a 37-year old pilot for a major airline, who lives in South Portland, but frequently works international flights. He just returned from Guandong two days ago, spending two nights there in between flights. He encountered several people whom he thinks were ill – including someone he shared a taxi ride.

Bob’s fever and cough started yesterday. He has a lot of body ache, and is too unwell to work. He ran several errands around Portland yesterday and visited his 4-year old’s preschool class. Bob is married with two children, ages 4 and 2. He is frightened for his family’s health and would like to be hospitalized in order to get treatment as well as to protect his family.

Another call was from the Bickfords, a couple in their 60s who live in Brunswick and who were visiting their daughter, who lives in Guandong as a volunteer for a non-profit aid agency. They also returned to Maine two days ago, and started with a cough and runny nose late last evening, but without fevers or body aches. They have had contact with several of their senior housing complex neighbors. They are very worried about their daughter, whom they are trying to contact and arrange for her transfer back to the U.S.

I tell both Bob and the Bickfords to stay at home, and to wait for my call back about what to do. Bob is threatening to show up at Maine Medical Center, saying, “they can’t refuse me care; and I need to protect my family”.

I call Dr. Gensheimer, our State Epidemiologist. She says at the Maine CDC, they have received no specific guidance yet from the U.S. CDC, though we can use last November’s Federal pandemic influenza plan for guidance. She also says that the U.S.

CDC is inundated by reports from across country of travelers with possible avian influenza. She quickly arranges for a conference call, with herself, Drs. Mills, Graham, Pelletier, and other members of the Maine CDC Pandemic Influenza Response Team, as well as 4 other infectious disease doctors in Maine and someone from the Maine Hospital Association. Other stories such as those from Bob and the Bickfords are also emerging from across the state.

On the conference call we discuss the importance of immediately implementing a very clear algorithm for handling these patients. We agree that people should be kept at home for isolation and for care, whenever possible. After all, we have to prepare for our hospitals being overrun very shortly, and we may as well get people used to the idea of staying home, even if they are ill with H5N1. Hospitals need to be reserved for those who are seriously ill. The Maine CDC tells us they are setting up phone banks with nurses to give check-ins for those isolated or cared for at home.

There is quite a bit of discussion about the use of antiviral medications, which are indicated either for prevention of seasonal influenza in those exposed as well as for treatment for those seriously ill with influenza. Dora says that CDC recommends antiviral medications should only be used for treating those who are seriously ill with strongly suspected or confirmed avian influenza. The state feels that with such limited supplies, antivirals cannot be used preventively.

About an hour after the phone call, an Emergency Health Alert arrives by pager, fax, and email from the Maine Health Alert System, with Dora notifying us that the Governor has declared a state of emergency, and that, among other things, no Tamiflu is to be used except to treat people who are seriously ill with H5N1. We are entering a world we have never known.

*((POWER POINT will say, "March 15, 2006; Jay Bradshaw; Maine EMS"))*

#### **JAY BRADSHAW**

My name is Jay Bradshaw, and I serve as the head of Maine Emergency Medical Services. Midday on March 15<sup>th</sup> – I think I will never forget. I heard the news this morning about an expanding human outbreak of bird flu in China. "Thank goodness", I think – at least it's still in China. We'll have to step up the pace of our preparedness over the coming weeks.

That's what I thought until I got the phone call. Noontime. My cell phone goes off. It's Donnie Carroll from Southern Maine EMS. He's panicked. He says: "Jay, one of our teams just transported a guy from South Portland to Maine Medical Center. The guy just returned from the part of China with the avian flu outbreak. He looked very very ill; it appears he's got it! As soon as he arrived at Maine Med, they ushered him into a negative pressure room and put him into strict isolation. The EMS staff – 3 of them – were not protected at all. They need Tamiflu and anything else they have to protect them. Right away!!"

I say, “Donnie, I’ll call Dora and get right back to you.” Then, I hang up and think, wow, from China to Maine at the speed of light. As I look up Dora’s phone number on my computer, I see several emails from CNN Breaking News. Scanning them, it’s obvious that people with possible avian flu are showing up in emergency rooms across the country, the vast majority of them with recent history of travel to China.

I call Dora. I say: “Dora, we need Tamiflu right away for this team, no ifs ands or buts – they’ve truly been exposed, and are in danger.” What follows I can’t believe. She says “We’ve made a decision that we’ve got to save Tamiflu for those who are already ill. We believe there are fewer than 1,000 doses statewide, enough to treat only about a hundred people. And, we’re not sure we will get any of the very limited national stockpile. And, even if we do, there is not much in the national stockpile – if we’re fortunate, we may get a few thousand doses, enough to treat a few hundred people.”

I tell her that if EMS staff are not protected, there will be no EMS across the State who will work. They will feel totally unprotected as this spreads, and cannot be expected to put their lives on the line. She reiterates she does not expect there will be enough Tamiflu for EMS.

I decide that we’ll have to go to the Governor to get access to Tamiflu. I call and leave a message with my commissioner, then discuss the situation with our contact in the Governor’s Office.

In about an hour, I get a call back from Dora. She says she discussed the South Portland situation with others, and she decided she could okay some Tamiflu for these EMS staff. However, she asked that we immediately send out an alert that all EMS need to use respiratory isolation when encountering anyone with certain symptoms or travel history. We agree that with both EMS and patients wearing masks and using other similar protective measures, we should be able to preserve Tamiflu for treating the seriously ill. I’m not sure if EMS staff across Maine will agree, but at least we got some medications to protect the three staff in South Portland. It looks like it will be everyone for themselves.

*((POWER POINT will say “March 15, 2006; Augie Valenti, MD; Maine Medical Center”))*

#### **AUGIE VALENTI**

I had to return the calls to the three sets of patients. However, while I was looking up Bob’s telephone number, Maine Medical Center’s Emergency Department called me – Bob had arrived and was placed in strict isolation in a negative pressure room. I told the emergency department staff this was not necessary – respiratory isolation was all that was needed, but no one wanted to take chances. I was also worried that we would use up all our negative pressure rooms very quickly if we don’t make it clear from the beginning that they aren’t necessary. I asked them to obtain a nasal swab to be delivered immediately to the state laboratory for H5N1 testing.

While another one of our infectious disease specialists is hurrying over to see Bob, I quickly call the Bickfords and Susan. I let Susan know she is probably in the clear, since this virus, like other influenza viruses, most likely does not have an incubation period beyond three days. However, since the H5N1 obviously recently mutated, making it easily spread person-to-person, and since it could have mutated in other ways too, even possibly increasing its incubation period, we should play it on the safe side and have her stay in isolation for a total of a week from returning from China. She says she will gladly stay home another few days, especially since her colleagues and students will probably appreciate the caution. She will call back if she becomes ill.

I then called the Bickfords. They sound like they have a non-influenza respiratory illness, but are mainly distraught at not being able to get their daughter out of Guandong. Since the borders are now closed, they are told by everyone – from our Congressional delegation to the airlines to the US Embassy in China – that it is impossible to get their daughter out of China. They also know she is ill. I ask them to stay home in isolation for the next few days, having friends deliver food without face-to-face contact. I tell them a public health nurse will arrive shortly with masks, gowns and gloves on, and will take swabs from them for testing for avian influenza. They are very compliant-sounding, and are relieved they can stay home to work on getting their daughter out of China. With all the rules of society changing, it is impossible to know how everyone will comply and adjust.

*((POWER POINT will say “March 15, 2006; Steve McCausland; Maine Department of Public Safety”))*

**STEVE MCCAUSLAND**

My name is Steve McCausland, and I am the spokesperson for the Maine Department of Public Safety, which includes the Maine State Police.

March 15<sup>th</sup>. I was aware from the morning news that the bird flu is exploding in a remote area of China. I didn’t think we needed to be too concerned right away. Then, by mid-morning, I hear there are people showing up in emergency rooms in Los Angeles and Seattle with possible bird flu. And, I heard on the news that the President is closing the borders to people coming from China. Hopefully that would be it – nipped in the bud.

By early afternoon, my phone was ringing off the hook. The Maine CDC issued a statement that those closely exposed to someone coughing at a number of places across the state at certain times over the past 3 days, need to stay home in isolation for 3 days! Places like the Maine Mall, Hannaford’s in Brunswick, Shaw’s in Bangor, and about 5 other such places with specific times – all in Bangor, Augusta, and South Portland. And, then there is the preschool in South Portland – all 20 children, their families, and staff to be quarantined for 3 days.

Our State Police are calling in from all over the state. They want to know: what kind of protection can they get? Some are demanding Tamiflu before they go out on duty. Some

at least want masks. They have even tried to buy masks, and some say they can't find any – masks are all gone from store shelves.

And, how are we to enforce the home isolation? We've already gotten calls from some of these people saying they don't have enough food to stay home alone for 3 days or that they don't want to stay in their houses and possibly put at risk their family members. Some are demanding alternate housing such as motels for their household contacts. But, most demand that we pay for these motel rooms since they personally don't have the funds.

We are also wondering why we're not just quarantining Bangor, South Portland, and Augusta. Our troops are willing to work with local law enforcement and close all traffic into and out of these three cities. But, the Maine CDC is not supportive – they say the flu has spread in Maine beyond the stage in which such containment measures could help.

By late afternoon, the President closed all international borders. And, as a result, our State Police are giving some assistance to Border Patrol and the Marine Patrol to make sure the closure is being enforced. We're already getting calls from family members in Maine who have children in Canadian colleges and other loved ones in Canada who want to return to the U.S. At this time, we're unable to do anything about it.

Some people are wondering why our border with New Hampshire isn't closed as well. Most are very worried New Hampshire will close its border – then Maine would literally be an island, with no mechanism to get food and other essentials in and out of here.

And, our State Police are carrying lab specimens from hospitals to the Public Health Laboratory in Augusta. I can see this task needs to be delegated to someone else. After all, we need to keep the State Police focused on maintaining law and order, not running errands.

This morning, speeding, drunk driving, and following up on a murder investigation from a week ago were on the top of our list of priorities. Twelve hours later, we're fighting to keep the fabric of our society from tearing apart.

### **MARCH 18, 2006**

((POWER POINT = “March 18, 2006; Augie Valenti, MD; Maine Medical Center”))

### **AUGIE VALENTI**

It is March 18<sup>th</sup>. In some ways I will never forget these past few days, and in some ways I hope I do. By March 16<sup>th</sup>, five people in Maine were identified with the H5N1 strain of avian influenza. Dozens exposed to the five were asked to stay home in quarantine.

Then, the numbers of people identified with avian influenza or needing quarantine exploded. No luck of the Irish seemed to help us yesterday. Today, the 18<sup>th</sup>, I understand there are hundreds at home in isolation because they were exposed to someone with avian

influenza. There are something like 80 people in Maine identified with avian influenza, half of them being taken care of at home, and 8 of them have already died. Including the first person in Maine identified with the infection – Bob, our young pilot who leaves a wife and two toddlers. And, they are now among the ill.

One of the biggest problems at Maine Medical Center is that we're already running low on a lot of basic supplies – masks, gloves, and certain antibiotics that treat typical bacterial pneumonias. We had a stockpile of masks, but after we had to give up 1,000 of them to law enforcement, there was a run on our supply by our staff, and we're now almost out. We also have about two-dozen nursing staff and doctors who are at home in isolation. And, in one case, a nurse is home taking care of a family member who may have avian influenza.

Since we have a shortage of beds and staff, we are setting up our own phone bank. The State did this immediately, but they only have the staff for 10 phone lines. We will have 25 phone lines, staffed by nurses and doctors, to oversee the home care and isolation of our patients 24 x 7. This will help us preserve our beds and face-to-face staff for those who are seriously ill. Our health care systems across Maine and the country are being turned upside down.

((POWER POINT = “March 18, 2006; Leah Binder; Franklin Community Health Network; Farmington”))

**LEAH BINDER**

My name is Leah Binder. I am the Vice President of Franklin Community Health Network, and I oversee the Healthy Community Coalition, a comprehensive community health coalition serving the people of western Maine.

These last few days since March 15<sup>th</sup> has been a blur and a nightmare. First, on the 15<sup>th</sup> we learned about a bird flu outbreak in China, now there are people infected and who have died from bird flu across the country, including several here in Maine. Most identified the last two days did not travel to China and don't even know anyone who has.

The panic is the worse. Everyone with a cold, cough, or fever is convinced they may have bird flu, and they all are demanding Tamiflu and to be seen by health care providers. Everyone who knows someone with a cold, cough, or fever, is convinced they have been exposed to the bird flu and need Tamiflu. But, some reports are circulating that Tamiflu is not even effective in fighting this strain of bird flu. Who knows!

Basic necessities are now scarce – grocery store shelves are bare, and it is impossible to buy things like batteries and Tylenol. The local supermarket was vandalized. Then, local police realized places with food and other essential items needed as much security as health care facilities.

We're seeing or hearing about people with a known history of mental health problems whose problems are worse. One person with a known history of psychosis, was seen

kneeling downtown in the middle of Main Street without many clothes on, yelling for people to repent to God.

And, unusual and stress-related behaviors are seen even those without a history of mental health problems. It is also difficult to judge which behaviors should be considered normal, and which should be considered over-the-top. For instance, the husband of one of our senior administrators is insisting that she and the children move to their remote hunting cabin in Piscataquis County. She is torn. After all, one could make the case for this move, so long as they can stockpile enough food for a while. But, she feels the primary energy behind his decision is emotional stress, not logical thinking.

However, we're all fearful and stressed, and everyone's behavior is different than a week ago. Lots of people are staying home. Parents are keeping their children home from school – they're too afraid their children will get exposed to bird flu if they go to school. But, that means parents are having to stay home as well. Massive sick outs means many businesses are closed.

Even though public gatherings are not banned yet here in Franklin County, no one dares to go to them. No one wants to eat out, and already two restaurants here in town are indefinitely closed – they say they have no customers, and the wait staff is too scared to work, afraid they will be exposed to flu.

Sugarloaf and Saddleback, part of the backbone of the Franklin County winter economy, are also reporting few skiers and a lack of workers. This should be the height of their season – the snow is deep and temperatures are mild. But, they are thinking of closing instead.

The economic impact of this pandemic is causing more fear. People are losing their jobs. Those who have jobs but are asked to stay home in isolation are asking who is going to pay them? Do they have a guarantee their job is there when they return? How are they to pay for groceries and heat? Some are forced to stay in motel rooms in order to protect those they live with. But, how are they to pay for the motel room? And, people working in motels are afraid to clean the rooms and wash the bed sheets.

Businesses are inundating us with questions about what they should do. Should they close? How should they protect their employees from getting the flu or spreading it at work?

Many employers have had difficulty figuring out how they need to comply with the extension of the Family Medical Leave Act that applies to public health emergencies Maine passed a year ago. This law says employers must give leave, even if it's unpaid, for those who need to be isolated or need to take care of a family member who is ill. But, there is much confusion. Some feel that employees are staying home because of fear, and taking advantage of this law to assure their job is safe. Others who really must stay home and care for those who are ill are having difficulty obtaining the necessary documentation for their employers. This is especially true since so much of the care is overseen by



doctors and nurses at phone banks, and they don't have all the necessary forms developed yet to disseminate to employers.

Our Healthy Community Coalition staff is quickly realizing that we need to drop all our other projects and mobilize to focus on addressing this pandemic. This has been hard. We have one group finalizing a 5-year Federal grant proposal to address obesity. They are reluctant to give up this opportunity. However, with the states of emergency being declared everywhere, most are more than willing to drop other work and roll up their sleeves. Perhaps trying to bury one's head into a 5-year obesity grant proposal is a way of denying the tragedy that is unfolding around us. For some, denial is their only way of coping.

Because we're a coalition, we are well networked throughout our communities, and can easily disseminate information on hygiene and safety. However, we've not routinely been involved with emergency preparedness, so we are somewhat out of these types of communication loops. For instance, we're not on the Maine Health Alert Network, so we don't get regular communications from the Maine CDC on the situation. We're quickly trying to get connected with our County Emergency Management Agency and the Red Cross.

Overall, the past three days, there is helplessness and fear growing throughout our community. This thing has hit and overwhelmed us so quickly; we're just trying to figure out how to step into the abyss to save ourselves.

((POWER POINT = "March 18, 2006; Joanne Potvin; Androscoggin County EMA"))

**JOANNE POTVIN**

My name is Joann Potvin, and I am the Emergency Management Director for Androscoggin County.

These past 3 days since March 15<sup>th</sup>, all county EMA directors are meeting with MEMA by conference call twice a day to get updates from across the State. One thing is clear – this flu hit hard and fast.

What are some of the challenges we've faced? First, was the lack of full information we first faced because of the barriers our confidentiality laws posed. As a result, we had no easy access to the names of people isolated at home because of flu or possible exposure, and therefore it was difficult for us to help them. However, two days ago the Governor declared as part of the state of emergency that names of the ill and isolated could be shared with us, law enforcement, the Red Cross, and EMS.

Now we're challenged with the flow of information. Just to maintain updated lists is challenging – making sure we get names from the State and local health care providers. Trying to make sure we don't miss out of state college kids returning home to Maine for isolation. Making sure we maintain a list of stranded foreign travelers who need assistance.

What are we doing with these lists? Primarily, we're checking on those who are on the lists for home isolation, making sure they are okay. Many people are okay to stay isolated at home, so long as they have food and adequate shelter. We have been busy working with the Red Cross to deliver food and make sure home heating oil is delivered to these homes. But, many who are confined to home isolation are worried – worried they may lose their jobs, worried they don't have enough money to pay for groceries. And, we're having a hard time finding volunteers. Many of the Red Cross volunteers are fearful. Our emergency supplies of food are getting scarce, and the grocery stores shelves are already emptying.

And, there are issues of command and control, especially at the local level. Dr. Mills is working out of the Emergency Operations Center at MEMA, advising the Governor on actions to take from a health perspective. All the county emergency operations centers are open with the County Emergency Management Director in charge. However, some of us are concerned that we don't have the resources of a public health physician at the county level, as they do at the state level. When I raised this with Art Cleaves he told me that the strategic direction is coming from Dr. Mills and her staff at the State. Therefore, MEMA and the County EMAs' roles are to operationalize this strategic direction.

We know that the main thing is agencies and people directing them are working together and have good relationships. We in Androscoggin County have that basic foundation. But, with this pandemic, even that connectivity is being challenged by the pure stress of this disaster.

The complexities and stress of this incident are so great, things could quickly fall apart. But, it's the relationships we have with each other that are the glue to keeping our response moving forward.

((POWER POINT = "March 18, 2006; Steve McCausland; Maine Department of Public Safety"))

**STEVE MCCAUSLAND**

As the spokesperson for the Department of Public Safety, I am getting inundated with calls from the press corps as to how to cover this pandemic. They would like unlimited access to the State EOC, rather than the twice-daily briefings we are providing. Some would like to publish the names of those isolated.

They say without adequate access to facilities and information, they cannot assure things are going as well as they should be. One of them pointed out that if it weren't for them, no one would have known about the thousands of people holed up at the Superdome and Convention Center in New Orleans last year after Hurricane Katrina.

So, how do we let the press cover this emergency without putting them in harm's way or without putting our ability to work at risk, or without putting people's privacy at risk?

Balance is the overall challenge – how do we balance so many competing and compelling interests?

**MAY 26, 2006 (Friday of Memorial Day Weekend)**

((POWER POINT = “May 26, 2006; Augie Valenti, MD; Maine Medical Center”))

**AUGIE VALENTI**

It’s Friday of Memorial Day Weekend – 10 weeks into this pandemic. Thank goodness for spring, the season of hope. We need hope. The statistics from the past two months are staggering. 1,500 Mainers dead from bird flu. Almost two-thirds of them young adults, ages 18 – 40. 800 children who lost a parent. 60 orphans. 100 children dead. This flu spread so quickly, it was almost impossible at times to tell who got it from whom.

The panic and other behavioral issues are the most challenging. All of us, including those of us in health care, feel the stress of fear. There are so many times we want to retreat – retreat to our homes with our families and lock the door. But, none of us are that self-sufficient. And, we realized we are fighting to preserve the very essence, the very basic fabric of civility in our society - for us and for future generations.

Another big challenge has been scaling back our normal operations. Every health care facility is lacking beds and staff to serve patients. We are short on nurses, doctors, physical therapists, cafeteria workers, security personnel, and indeed everyone who is needed to run a hospital. Some are ill or isolated because of exposure. Some have retreated to take care of their families at home until there is more assurance of protection – a vaccine, for instance. So, we are trying to save our few available and staffed hospital beds for the very ill.

And, for everyone working in the hospital, we are trying to make sure there are adequate isolation materials – gowns, masks, gloves – to help make our staff feel safe about working here. That’s been challenging, especially since almost of this equipment is made abroad, primarily China. With the international borders closed for a few weeks, many supplies, retail goods, and even food dried up. Finally, borders are open for certain goods, and that’s helped a bit. Meanwhile, we have only been able to accept emergency life-threatening admissions for non-influenza related illnesses. As a result, staff, such as physical therapists, are having to cross-train and work in jobs that are needed for the moment – helping the nurses with patient care, staffing the phone banks, and even being receptionists. This cross-training and scaleback helps us to fill gaps. But, it’s also causing people to feel as though their normal jobs are not as valued. Yet another cause for fear and stress. And, there is no light on the horizon for us to breathe a little easier.

((POWER POINT = “May 26, 2006; Steve McCausland; Maine Department of Public Safety”))

## **STEVE MCCAUSLAND**

Law enforcement has been on the frontlines over the past 10 weeks. There were rumors that people in health care had easier access to masks, gloves, and gowns. Then, they created these phone banks, which I guess worked great, and had the added benefit of protecting the nurses and doctors working on them. But, that left law enforcement out on the street, with no such protections. We had to sponge masks off from health care facilities, and that didn't go over too well.

Another stress is the time. While hurricanes and other disasters hit quickly, and most of our time is spent on the recovery, this pandemic flu wraps response and recovery into the same phase. And, there seems to be no end to it.

What a challenge it's been to maintain social order. Security at food stores and health care facilities - both places were unprepared for the vandalism that hit them. Making sure those who are under isolation orders have food and shelter. Even running errands for them. And, stress management. Addressing situations in which people are acting very stressed - suicide attempts, domestic arguments, inappropriate behavior in public. The stress has also resulted in first responders and their families being stigmatized because people think they are transmitting the flu. So, in some cases, the spouses of first responders have been asked to stay home until the pandemic passes.

The stress is everywhere, but hitting law enforcement and first other first responders hard since we're not only stressed ourselves, but we're the frontlines of combating it in communities.

((POWER POINT = "May 26, 2006; Joanne Potvin; Androscoggin County EMA"))

## **JOANNE POTVIN**

The most difficult time for me these past two months was when my sister got ill. There was no one else to take care of her but me. The hospitals were full and I'm her only family. But, I was also working 100 hours a week at our County Emergency Operations Center on flu. I had to make a choice - do my job or take care of my sister. This was the most painful choice I've ever had to make. Friends from the Red Cross and some first responders helped to make sure she had some essential supplies at home. Finally, I was able to get a couple of other colleagues to take my place at the EOC during the worst of her illness, allowing me to stay home with her for 48 hours. Fortunately, she pulled through. Without my friends and colleagues, I would never have gotten through this challenging time.

## **LEAH BINDER**

((POWER POINT = "May 26, 2006; Leah Binder; Franklin Community Health Network, Farmington"))

Memorial Day this year holds special significance in our community. So many people dead, so many people suffering. But, so many surviving. We are learning or at least trying to learn how to honor the dead, yet give strength and hope to the living. The reality is that we are all grieving. Some of the deaths have affected the morale of our

entire community, as they were some of the ones giving us strength early on – the town manager, the hospital’s head of nursing, the elementary school principle, a local pastor. All fairly young, all leaving stunned children and partners.

The flu is still lurking, but the first severe wave has receded a bit. The weekly flu death counts are now generally in the 80s for Maine, rather than in the 200 range of the first month.

There are the gory challenges of body disposal. The five crematories in Maine have been running at capacity at times. Normally about half of all dead bodies are cremated in Maine. However, with the flu, not only have the numbers of deaths increased 50% the past 2 months, but the proportion of those being cremated has increased. There has been no specific requirement that bodies be cremated – thank goodness for those of us who are Jewish or Muslim, who by religious custom don’t cremate.

Our biggest lesson? We’re learning what it takes to survive as community. For instance, we’re learning to focus on communicating what people can do to stay safe and help others. “Self-Sufficiency” and “Helping Others in Need” are our themes. But, communication continues to be a challenge. Although we thought we naturally had a lot of credibility, we’re learning that it’s difficult to compete with all the snake oil ads. The media is full of ads for nutritional supplements that allegedly boost one’s immune system. Unfortunately, so many people with very limited resources are spending money on such scam-like products. But, we’ve identified a few community leaders who have taken on the role of spokespeople for us. The head of a local insurance company, a prominent car dealership owner, a retired beloved pastor, and the high school basketball coach are disseminating our messages throughout the community. Local leadership – this is one ingredient for survival.

Our most interesting initiative? The Healthy Community Coalition teamed up with the Cooperative Extension and local farmers to teach school children and others how to plant a garden. Our goal? To assure that Franklin County residents can feed themselves for the next year without needing to rely on outside food. It’s not that we want to put Hannaford’s out of business; that will never happen. But, with empty store shelves, we need to make sure we can feed ourselves.

Another positive aspect is that there is societal permission right now to work out of your usual role and do what is needed. Yes, we’re slowing learning the ingredients for survival.

### **MARCH 15, 2007**

((POWER POINT = “March 15, 2007; Augie Valenti, MD; Maine Medical Center”))

## **AUGIE VALENTI**

March 15<sup>th</sup>, 2007. This past year – there is the tragedy and the hope. Over 2,500 Maine people dead. Bob, his wife, and his four-year old were among the first casualties. Their two-year old now lives with relatives out of state.

The Bickfords, the couple from Brunswick who had just returned from visiting their daughter in China, tested negative and survived. Tragically, their daughter in China died.

As in 1918, most of the fatalities in Maine were young adults, ages 18-40. However, about 1.3 million Mainers survived this past year.

What's the biggest lesson I learned? That while hospitals are a critical part of our medical response to such a disaster, the resiliency of the community is also critically important.

The Chronic Care Model teaches us that with chronic diseases such as diabetes, the primary locus of intervention is no longer in the health care system. It is in the community – people getting the support to make healthy eating decisions, exercise, and manage their medications. I now believe many aspects of the Chronic Care Model apply to infectious diseases. Health care systems are important in detecting and responding to infectious diseases. But the community is too. It is where we live, work, play, and go to school that we need to encounter supportive environments and messages to practice basic hygiene to stop the spread of harmful germs. It is in our community where most infectious diseases need to be prevented and even managed.

This past year our health care system transformed itself. Instead of focusing on just taking care of hospitalized patients, most hospitals created their own phone banks to help those at home to cope with fear, illness, caring for loved ones who were ill, or loss.

The health care system, for the first time in years, also had to focus on rationing the use of basic medications, medical equipment, and entry to the emergency department. At first, this was extremely difficult, causing widespread accusations and fear. However, as people saw it was fair and working, it became more acceptable.

The most exciting and challenging time was when the vaccine was deemed safe and effective. People had hope life would return to normal.

However, the vaccine arrived in dribbles. The first installment – about 10,000 doses – went to some first responders and health care workers. But, some health professionals who could not get vaccine in the first round decided not to work with anyone who may have the flu. Also, family members taking care of loved ones at home with the flu felt left out.

After receiving three of these shipments two weeks apart, we started getting vaccine shipments of 50,000 per week. It was both a time of excitement as well as dissension. Excitement because everyone – from health care workers, government, businesses,

media, and schools – all focused on the one goal of getting everyone vaccinated.

But it was also a time for dissent. Dissent because with 50,000 doses streaming in weekly, everyone felt they should get vaccinated. Because of the unevenness of populations and capacities to deliver vaccine, people in some areas of the state got vaccinated before their counterparts in other areas.

Now, one of our biggest challenges is returning to the old system. Or not. So many across the State felt energized and lifted by the half-year vaccine campaign, people felt a big let-down when it was over. Others felt energized by the new jobs they carried out during the peak of the epidemic. For many, they had never felt such a sense of mission in life.

So many staff from here at Maine Medical Center felt transformed by many of the experiences of the last year, and are re-thinking their place in health care. For instance, some doctors and nurses are thinking of applying to theological or public health schools or becoming teachers. All have in common a renewed interest in community.

How is day-to-day life different in our downtowns? Fabric, knitting, and hardware stores are booming. The demand for sewing, canning, and carpentry classes is soaring. Schools are re-introducing home economics. Communities are coming together to help everyone be self-reliant and connected.

The single biggest lesson we learned? Our survival did not come from brick hospital buildings nor from high-tech equipment. **Community is what led to our survival this past year. Community leadership, community creativity, community flexibility, community resiliency.**

((Pause))

**The Ideas of March – it is gone.**

((Pause))

**And it did not take us with it.**

*((LIGTHS ON; POWER POINT OFF))*